

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

DATE RECEIVED
JUL 07 2017
Bayfield Co. Zoning Dept.

220

Permit #:	17-00880
Date:	7-26-17
Amount Paid:	\$250 7-10-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Ben Berblin		Mailing Address: 93790 Hyde Rd		City/State/Zip: Bayfield, WI 54814		Telephone: 715-774-3541		
Address of Property: 93790 Hyde Rd		City/State/Zip: Bayfield, WI 54814		Cell Phone:			Plumber Phone:	
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: R-		
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 504, Township T51N, N. Range R24W		Town of: Kussel		Lot Size		Acreage		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: 95 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline: feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ 15,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: SEPTIC	<input type="checkbox"/> _____
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None						

Existing Structure: (if permit being applied for is relevant to it)	Length: 22	Width: 13	Height: 14
Proposed Construction:	Length: 22	Width: 13	Height: 14

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	OFFICE	(22 X 13)	286
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X X)	
	<input type="checkbox"/> with Loft		(X X)	
	<input type="checkbox"/> with a Porch		(X X)	
	<input type="checkbox"/> with (2 nd) Deck		(X X)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck		(X X)	
	<input type="checkbox"/> with Attached Garage		(X X)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X X)	
	<input type="checkbox"/> Mobile Home (manufactured date)		(X X)	
	<input type="checkbox"/> Addition/Alteration (specify)		(X X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify)		(X X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X X)	
	<input type="checkbox"/> Rec'd for Issuance			
JUL 24 2017	<input type="checkbox"/> Special Use: (explain)		(X X)	
	<input type="checkbox"/> Conditional Use: (explain)		(X X)	
	<input type="checkbox"/> Other: (explain)		(X X)	
Secretarial Staff	<input type="checkbox"/>			

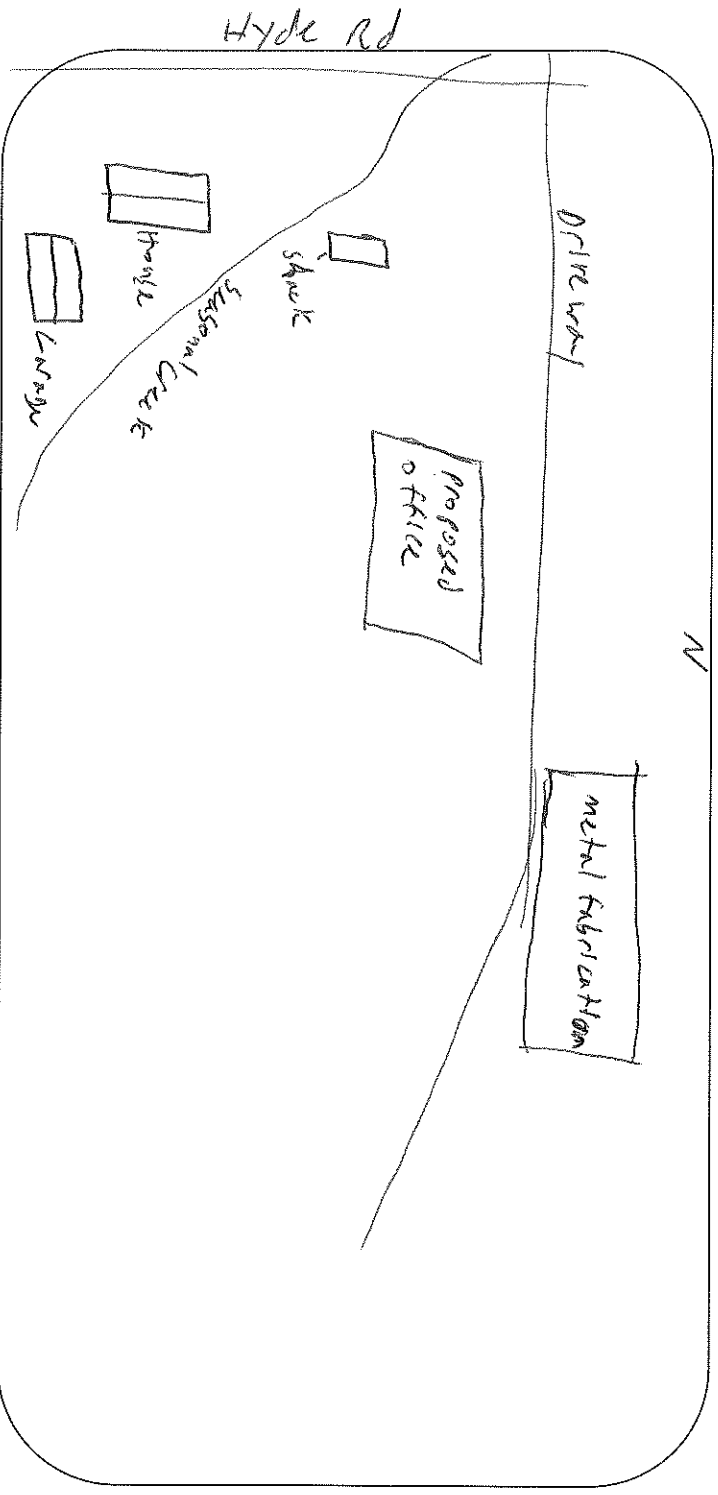
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ben Berblin Date 7/7/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	32.5 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	240 Feet	Setback from the River, Stream, Creek	45 Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	392 Feet	Setback from Wetland	
Setback from the West Lot Line	320 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	2,224 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	275 Feet	Setback to Well	250 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 170880		Permit Date: 7-26-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Fused/Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached
Inspection Record:		Zoning District (R-1)		
Date of Inspection: 7-13-17		Lakes Classification (intermittent)		
Inspected by: JCM/MBH		Date of Re-Inspection:		
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)				
any necessary state consented building permit shall be obtained. Conditions for conditional use permit #17-0243 apply.				
No human habitation allowed.				
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0280** Issued To: **Benjamin & Lisa Baldwin**

S 32A of NE ¼ NW ¼ &

Location: **NW ¼** of **NW ¼** Section **4** Township **51** N. Range **4** W. Town of **Russell**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Commercial Principal Structure: [1- Story; Office (22' x 13') = 286 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Any necessary State Commercial building permit shall be obtained. Conditions for Conditional Use Permit #17-0243 apply. No human habitation. CUP #17-0243 Conditions: Per condition of Planning and Zoning Committee. Applicant shall obtain land use permits for buildings prior to construction. Hours of operation 7:00 am to 8:30 pm. No Sundays.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 26, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 07 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0281
Date:	7-26-17
Amount Paid:	\$187.50 7-10-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Ben Bobbin</u>	Mailing Address: <u>93700 Hyde Rd Bayfield WI 54814</u>	Telephone: <u>715-774-3541</u>
Address of Property: <u>93700 Hyde Rd</u>		City/State/Zip: <u>Bayfield WI 54814</u>
Contractor:		Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>NE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement)	Recorded Deed (i.e. # assigned by Register of Deeds) Agent # <u>V1138</u> * <u>P1</u>
<u>NE 1/4, NW 1/4</u>	Gov't Lot	Lot(s)
	CSM	Vol & Page
	Lot(s) No.	Block(s) No.
	Subdivision:	Lot Size
		Acreage <u>3.2</u>
Town of: <u>Russell</u>		
Section <u>504</u> , Township <u>T51</u> , N, Range <u>R04</u> W		
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$75,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City		<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>septic</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None		<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> None		

Existing Structure: (If permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>30</u>	Width: <u>50</u>	Height: <u>24</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<u>28</u> x <u>5</u>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with Loft		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with a Porch		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with (2 nd) Porch		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with a Deck		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with (2 nd) Deck		(<u> </u> x <u> </u>)	
<input type="checkbox"/> with Attached Garage		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Addition/Alteration (specify) _____		(<u> </u> x <u> </u>)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Metal Fabrication - storage</u>		(<u>80</u> x <u>50</u>)	<u>4000</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Special Use: (explain) _____		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Conditional Use: (explain) _____		(<u> </u> x <u> </u>)	
<input type="checkbox"/> Other: (explain) _____		(<u> </u> x <u> </u>)	

Secretary Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ben Bobbin

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

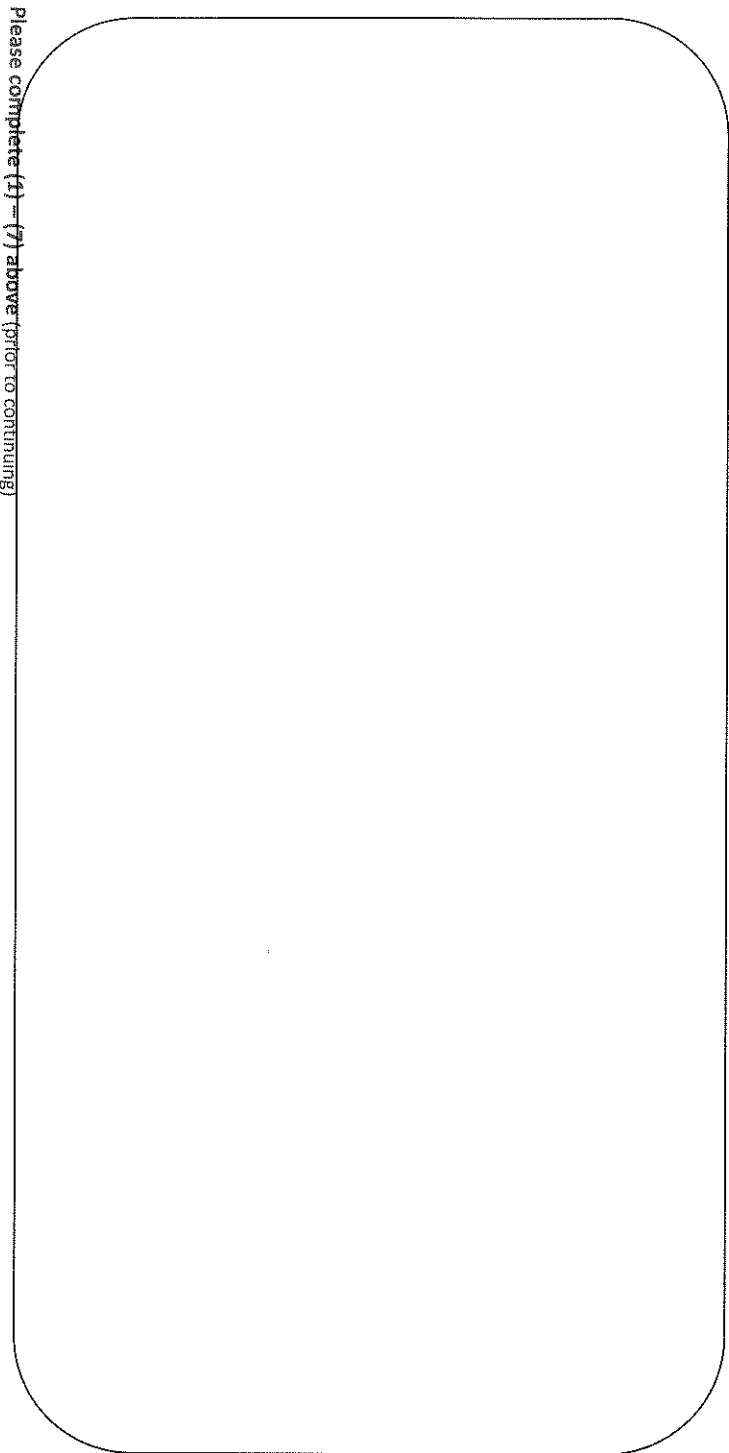
Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
if you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	380 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	350 Feet	Setback from the River, Stream, Creek	45 Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	443 Feet	Setback from Wetland	
Setback from the West Lot Line	380 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	2178 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	300 Feet
Setback to Drain Field			

Setback to Privy (if applicable, Composting) 100 Feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

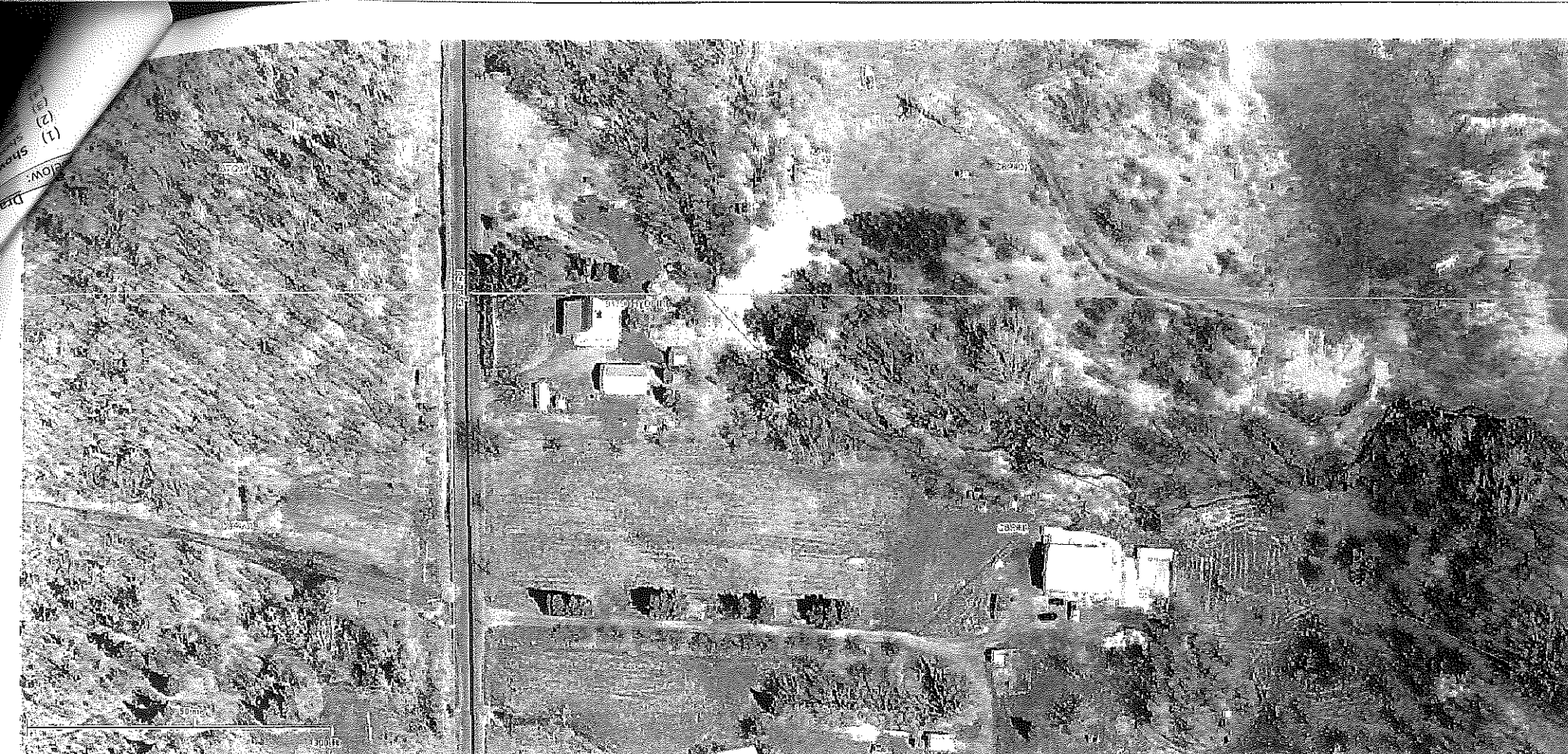
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		N/A.	
Permit #: 17-0281		Permit Date: 7-26-17		applying for new structure for residence	
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (AG-1)			
Date of Inspection: 7-27-17		Inspector: J. Murphy		Lakes Classification (inhabitant)	
Conditions: Town, Certificate of Board Conditions Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No they need to be attached		Date of Re-Inspection:	
any necessary state commercial building permit shall be obtained. Condition for conditional use permit #17-0243 appg. No human habitation allowed.					
Signature of Inspector:		Date of Approval: 7-20-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0281** Issued To: **Benjamin & Lisa Baldwin**

S 32A of NE ¼ NW ¼ &

Location: **NW ¼** of **NW ¼** Section **4** Township **51** N. Range **4** W. Town of **Russell**

Gov't Lot Lot Block Subdivision CSM#

For: **Commercial Accessory Structure: [1- Story; Metal Fabrication / Storage (80' x 50') = 4,000 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Any necessary State Commercial building permit shall be obtained. Conditions for Conditional Use Permit #17-0243 apply. No human habitation. CUP #17-0243 Conditions: Per condition of Planning and Zoning Committee. Applicant shall obtain land use permits for buildings prior to construction. Hours of operation 7:00 am to 8:30 pm. No Sundays.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

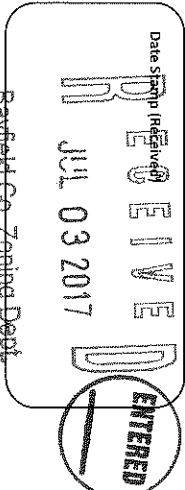
Authorized Issuing Official

July 26, 2017

Date

569M1T: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0690
Date:	7-28-17
Amount Paid:	1265 7-6-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Jon Michels</u>	Mailing Address: <u>PO Box 1265</u> City/State/Zip: <u>Bayfield, WI 54814</u> Telephone: <u>715-779-5701</u>
Address of Property: <u>320XX Ridge Rd</u>	Cell Phone: _____
Contractor: <u>owner</u>	Contractor Phone: <u>715-779-5701</u> Plumber: <u>NA</u> Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4, NE 1/4</u>	Tax ID# (4-5 digits) <u>28986</u>
Govt Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2017</u> R- <u>567064</u>
Section <u>6</u> , Township <u>S1</u> N, Range <u>5</u> W	Town of: <u>Russell</u>
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$20,200</u>	Projected # of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>28'</u>	Width: <u>20'</u>	Height: <u>20'</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>X</u>)	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>20x28</u>)	<u>560</u>
	<input checked="" type="checkbox"/> with Loft	(<u>X</u>)	<u>840</u>
	<input checked="" type="checkbox"/> with a Porch	(<u>20x6</u>)	<u>120</u>
	<input checked="" type="checkbox"/> with (2nd) Porch	(<u>X</u>)	
	<input type="checkbox"/> Rec'd for Issuance	(<u>20x8</u>)	<u>160</u>
	<input type="checkbox"/> with (2nd) Deck	(<u>X</u>)	
	<input type="checkbox"/> with Attached Garage	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u>X</u>)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<u>X</u>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>X</u>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<u>X</u>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u>X</u>)	
	<input type="checkbox"/> Other: (explain) _____	(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jon W. Michels Date 6-6-17

(If there are multiple owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 1265 Bayfield, WI 54814

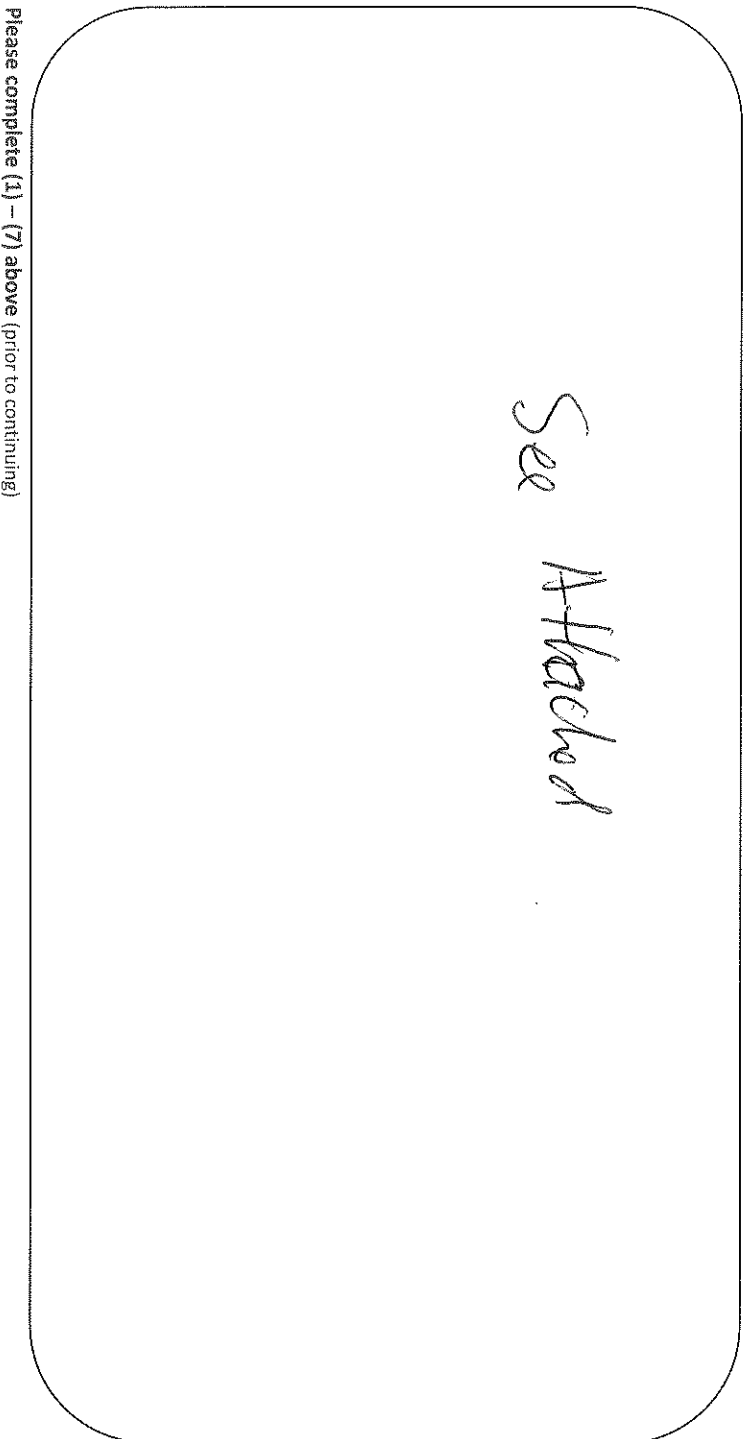
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	597 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	575 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	575 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	745 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1285 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	35 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	129 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>17-0890</u>		Permit Date: <u>7-28-17</u>				
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: <u>JCMURPHY</u>	Date of Re-Inspection:			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: <u>JCMURPHY</u>	Date of Re-Inspection:			
Inspection Record:	Zoning District () Lakes Classification (N/A)					
Free & Applied For						
Date of Inspection: <u>7-13-17</u>						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
UDC PERMIT + INSPECTIONS REQUIRED. NO PUMPING FIXTURES BY CONNECTION TO PRESSURIZED WATER ALLOWED UNLESS APPROVED PERMITS. INSTALLED + CONNECTION.						
Signature of Inspector: <u>[Signature]</u>						
Hold For Sanitary: <input type="checkbox"/>	Hold For T&A: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>7-21-17</u>		

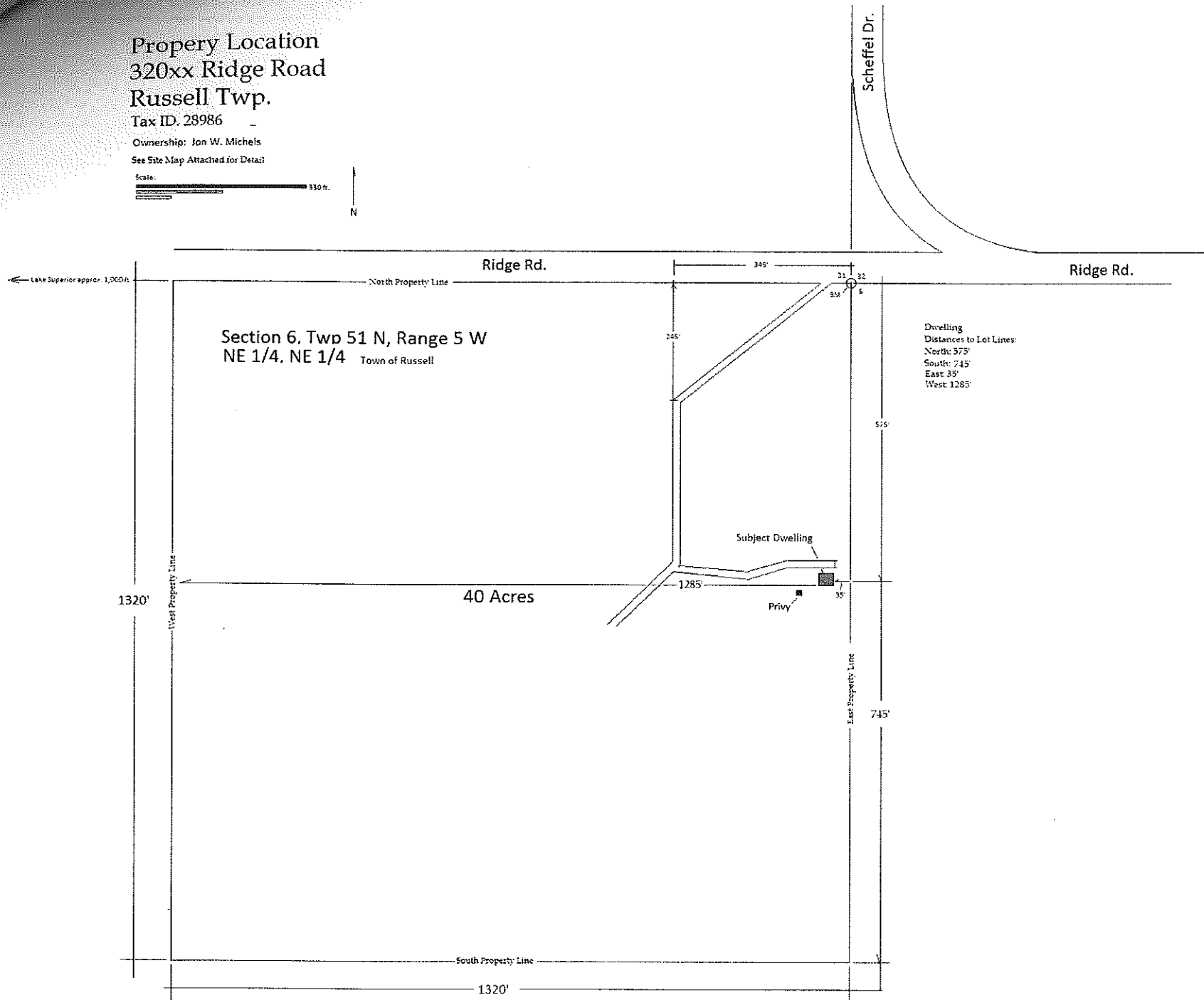
Property Location
320xx Ridge Road
Russell Twp.

Tax ID: 28986

Ownership: Jon W. Michels

See Site Map Attached for Detail

Scale: 1" = 330 ft.



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Vaulted Privy
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0290** Issued To: **Jon Michels**

Location: **NE** ¼ of **NE** ¼ Section **6** Township **51** N. Range **4** W. Town of **Russell**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use:** [**1- Story; Residence (20' x 28') = 560 sq. ft.; Porch #1 (20' x 6') = 120 sq. ft.; Porch #2 (20' x 8') = 160 sq. ft.] Total Overall = 840 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspection required. No plumbing fixtures with connection to pressurized water allowed unless approved POWTS installed and connected. Privy shall be maintained in safe and healthful conditions.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 28, 2017

Date